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ORIGINAL DEPARTMENT.

Communications.

INJURIES AND WOUNDS OF THE ABDOMEN.

Read before the Meigs & Mason Academy of Medicine, November 23d, 1871, and published in the Medical and Surgical Reporter, by request of the Academy.

By J. Q. A. Hudson, M. D.

Before entering into the investigation of the subject of this paper, it will be proper to attend to the fatal effects sometimes observed to result from blows or injuries upon the upper and central part of the abdomen. Sudden death has been known to be occasionally produced, by even slight blows, upon the epigastric region. These cases are important in their medico-legal relations, especially when there are no external evidences of injury. Death in these cases is supposed to be caused by a shock upon the nervous system, the immediate impression being received by the semilunar ganglia.*

The following classification will probably include nearly all the varieties of these injuries:

1. Contusion without rupture of the contained viscera.
2. Contusion with rupture of viscera.
3. Wounds of the abdominal parietes not penetrating the peritoneal cavity.
4. Wounds penetrating the cavity, but not involving the contained viscera, and without protrusion.
5. Penetrating wounds, involving viscera without protrusion.
6. Penetrating wounds with protrusion, the protruding parts either wounded or not wounded.

*Vide Taylor's Medical Jurisprudence, 5th American Edition. pp. 279 and 280.

Simple contusion of the abdomen from kicks, blows or other external violence, often terminate favorably, without much trouble in their course, but sometimes peritonitis is induced, which requires active measures. In this form of injury there is seldom any solution of continuity in the skin, but the abdominal muscles may be ruptured or lacerated, and they may never become wholly united in the reparation process, leaving a wide point in the parietes through which hernial protrusions may take place. Abscesses may occur during the progress of the case, which should be opened early. The treatment of this simpler form of injury need not occupy our time further.

Contusion with rupture of some of the viscera of the abdominal cavity, is a most serious injury, generally ending fatally, particularly if blood, or bile, or fecal matter, or urine is effused into the peritoneal cavity, or into the areolar tissue investing the viscera. The force producing the rupture is usually greater than in simple contusion; such as falls from a considerable height, severe blows from whatever cause, kicks from animals, the passage of a loaded vehicle over the abdomen, catching of the body between railroad cars, and in military practice, the result of violence from spent cannon balls or shells.

Rupture of the abdominal viscera from violence is of more frequent occurrence than similar injuries in the thoracic or pelvic cavities, since the osseous and cartilaginous surroundings of these tend to lessen the force upon the contained organs. Unless the violence is very great, and applied with great suddenness and rapidity, there is no solution of continuity in the skin, and very extensive

internal injury may be caused without any, or very little abrasion of the surface. The symptoms indicating rupture are usually those of severe shock, such as pallor of surface, great anxiety, debility, frequent and small pulse, or a weak and low pulse, pain in the abdomen, and if a large blood vessel is torn, there will also arise those symptoms indicating hemorrhage. The severity of the shock, amounting often to prolonged and complete collapse, is one of the most remarkable phenomenon attending those injuries.* The sufferer rarely survived but a few hours, or a day or two at the farthest. It must be noted that the degree of shock is not always commensurate with the internal injury, as death has occurred in instances where very little or no injury was found after death, and severe internal lesions are sometimes found without excessive shock.

The determination of the particular organ or viscus injured, cannot always be clearly made; but, aided by a knowledge of the part to which the force was applied, and the subsequent symptoms, the surgeon can form a probable opinion of the part involved. These special symptoms, of rupture of particular parts, will be given under the head of penetrating wounds, involving the viscera. There is not much to be said upon the *treatment* of this class of injuries. Should the system recover from the shock, with or without remedial assistance, then the usual means should be employed, to ward off peritoneal inflammation, or to subdue it when it is set up. *The recumbent position should be strictly enforced;* the body and limbs so placed, as to cause a relaxation of the abdominal muscles. Every movement of the body, particularly of the trunk, should be as far as possible prohibited. Opium should be *freely* given, to allay pain, and to prevent and to control the peristaltic movements of the intestines. The urine should be drawn by the catheter, and it is unnecessary to add, that if the bladder is ruptured, a flexible catheter should be kept in the bladder. If there is reason to fear that the stomach, or intestines are ruptured, very little or no food of any kind should be given for several days, the patient being allowed a little ice water, or, what is preferable, he may be allowed small pieces of ice to dissolve in the mouth.

When food is given it should be in small quantities, and in a concentrated form, as beef essence, milk, eggs, etc., etc. *The constant maintenance of the recumbent position cannot be too strongly insisted upon, with the utmost quietude of body.** Should there be vomiting, as occurs usually when the liver or stomach is involved, morphia, in doses of 1-6 to 1-3 of a grain, should be used hypodermically, and repeated as necessary.

Peritonitis should be combatted in the usual way, by the continuance of the opium treatment, *without* mercury, and the free or moderate use (according to condition and circumstances) of local depletion, by cups or leeches,† and with warm fomentations to the bowels; or should the heat be too high, with intense inflammation, cold applications will be found, if pleasant to the patient, of more benefit than the usual hot fomentation. The feelings of the patient should govern the use of hot or cold local applications to the abdomen.

Should abscesses occur in the abdominal parietes, they should be opened early, to prevent their opening into the peritoneum. There is one condition that occasionally occurs that presents a point of practical importance to the surgeon, in those instances in which the patient has survived the shock, and a number of days have elapsed, and effusion of foreign matters, such as bile, feces, urine or blood, exists in the peritoneal cavity, or in a circumscribed portion of the cavity (the effusion being sometimes limited by adhesions of the peritoneum). I will here quote a case, not as an example to be followed of the mode of treatment that was pursued, but more to suggest that such a line of non-interference should be avoided in similar cases. I quote from *Erichsen's Surgery*, Am. Ed., 1869, p. 403: "A man was once admitted under my care into the University College Hospital, who had been crushed between the buffers of two railway carriages. He was collapsed, and apparently moribund, but rallied in a few hours. Two days after the accident great pain and tenderness of the right hypochondrium were complained of, and dullness or

* Erichsen

* "A fatal result was expedited by neglecting this rule, in a case of rupture of the liver, related by Mr. Pollock. This patient appeared to be gaining some strength, when he died suddenly, three days after the injury, on attempting to raise himself up to get on the bed-pan.—(*Vide Holmes' Sys. of Surg.*, Vol. 2, pp. 417, 418). *Lidell, Am. Jour. Med. Sci., April*, 1867.

† General bleeding should not be neglected in suitable cases.

percussion was found to extend as low as the umbilicus. He became jaundiced, and there were symptoms of low peritonitis; these were followed by great swelling of the abdomen, which became tympanitic. The peritonitis continued, and symptoms of intestinal obstruction came on, the dullness increasing, with fluctuation in the flanks. He died on the *sixteenth* day after the accident, and, on examination, *no less than* 240 *ounces of bilious fluid, mixed with flakes of lymph, were found in the abdominal cavity; the obstruction being dependent on the pressure of this effusion*, and on the matting together of the intestines by lymph. There was a large rent found in the thick border of the loin *which was beginning to cicatrize.*"

Here we find that peritonitis was, in all probability, induced by the effusion of bile into the peritoneal cavity, and was probably kept up by its aggravating all the symptoms, and *causing the intestinal obstruction*. It would certainly have been the best practice in this case, as it would be in all similar cases, to have given exit to the effused biliary matters. The intestinal obstruction would have been relieved, and the tympanitis that probably depended upon the obstruction, and the cause of the peritonitis, would, to a great degree, have been removed. It might, I think, be laid down as a principle of practice, that when several days have elapsed, and effusion exists in the peritoneal cavity, or is circumscribed, thus tending to keep up the inflammation or irritation, exit should be given to it by the trocar or bistoury.

If Prof. ERICHSEN had kept a simple record of the above case in his unpublished notebook, it would have been in better taste, and he would not have excited the surprise of many of his admiring readers.

Wounds of the abdominal wall, not penetrating the peritoneal cavity, deserve only a passing mention, as the treatment will be included under the treatment of other forms of these injuries.

Wounds penetrating the peritoneal cavity and not injuring the contained viscera, and without protrusion, are only to be feared in proportion to the danger of peritonitis. When the wound in the peritoneum is extensive, peritonitis may occur. Slight wounds of the peritoneum sometimes develop peritonitis. In closing wounds of the abdominal wall, when there is no complication of wounded viscera, it should be done by the interrupted suture, which should not include the peritoneum, but should embrace the muscular structure beneath the skin. Adhesive straps and bandages should be used, and the case treated upon general principles.

Wounds penetrating the abdominal parietes, wounding the contained viscera and without protrusion, are of serious import, and are worthy of our careful investigation, particularly, since surgical writers are not agreed upon some points of treatment.

We will first consider the symptoms indicating rupture of the liver from violence, and from penetrating wounds. This organ, from it large size, its pliable texture and its firm attachments, is probably more liable to rupture than any other abdominal viscus.

In cases of rupture or laceration of the liver, in addition to the usual symptoms of shock, which are generally severe, there is pain in the right hypochondrium, with tenderness and fullness. Sometimes there is sympathetic pain in the right shoulder, as stated by GUTHRIE. Vomiting is frequently present, though not a constant symptom. If the patient survive the shock, there is dullness on precussion from effusion in the region of the liver, if it is limited by neighboring structures; or there may be evidences of effusion into the peritoneal cavity.

In a short time symptoms of jaundice arise; yellowness of the skin and conjunctivæ, and evidences of bile in the urine. BERNARD states that a saccharine condition of the urine will occur, if the liver is ruptured. The autopsy in these cases reveals effusions of blood, mixed with biliary matter, into the peritoneal cavity; with rupture of the hepatic tissue. A few cases are on record in which the peritoneal covering of the liver was not ruptured; but the blood was effused under the peritoneum covering the liver, separating it at the point of effusion.* The immediate danger is from hemorrhage into the peritoneal cavity, the blood issuing from the torn vessels of the liver (which, as is well known, is an organ of great vascularity), the loss of blood in connection with the nervous shock causing death in a few hours. In penetrating wounds of the liver, in addition to the foregoing symptoms, there *may* be biliary matters discharged from the wound. The situation of the wound may also be a sufficient

*See *Am. Jour. of Med. Science*, April, 1867, pp. 341, 342.

evidence, in some instances, of a wound of this part. An injury involving the liver is generally fatal, though almost every surgeon of note has given examples of recovery. "Of 32 cases in which the diagnosis was unquestionable, all but four terminated fatally." (*Otis, Circular No.* 6, *S. G. O., Nov.* 1, 1865.)

The treatment of these injuries, though usually unsuccessful, is simple. Absolute rest in the recumbent position, opium, to allay pain and inflammation. If the stomach or intestines are not involved, a moderate supply of nourishing food may be allowed; the bowels may be opened by enemas, and the bladder emptied by the catheter. Peritonitis should be treated in the usual manner, *and effusions of blood and bile, when it is ascertained that the inflammatory action is kept up and is increasing under their presence, should be evacuated.* In cases of penetrating wound of the liver, foreign bodies may be removed, the tract of the wound in the liver being dilated by the finger, if necessary, for this purpose.

It is desirable, when possible, to keep the wound in the abdominal wall open, and *continuous* with the wound in the loin, and, if it is possible, also to have this external opening dependent, to allow the exit of bile, blood and pus from the wound. This may sometimes be done when the external wound is so situated that the patient can constantly lie in a position to secure this end.

Wounds of the loin, in the hands of the older military surgeons, were usually treated by large bleedings, frequently repeated. This sanguinary treatment is now justly condemned; yet I apprehend that, in robust subjects, when inflammation has occurred, and local hemorrhage has ceased, and there are indications of high arterial excitement, moderate general bleeding would be beneficial. I fear that many modern practitioners neglect too much the use of general blood-letting. I think that I have known instances of active inflammation, with the accompanying excitement of the heart and circulation which were permitted to run a rapidly fatal course, that I believe could have been saved by a timely use of the lancet.

Rupture, or wound of the gall bladder, is said to be universally fatal. I can find no recorded instance of recovery. I do not know by what means this accident may be certainly ascertained unless it be inferred to exist from the situation of the wound, and from the flow of almost pure bile from it.

Rupture of the spleen and penetrating wounds of this organ are considered as almost invariably fatal. The hemorrhage in these accidents is greater than in similar accidents of the loin, and from the greater vascularity of the spleen the bleeding will generally recur upon the reaction of the system from the shock. The symptoms of rupture are not definite. It is stated that the existence of pain in the left hypochondrium, with unusually excessive pallor and other symptoms arising from excessive loss of blood, indicate this injury. But these are not reliable, as a slight consideration of the possibility of the same symptoms occurring from injuries of parts in this vicinity will explain.

OTIS says (*Circular No.* 6, *S. G. O., Nov.* 1, 1865, *p.* 27): "No symptoms are mentioned that particularly distinguished these from other gunshot injuries, involving the abdominal cavity; and it is quite possible that the list of recoveries may include cases in which this viscus was injured, though the diagnosis was not made out."

HAMILTON quotes two cases in which the spleen was removed, and recovery took place, and another in which the patient recovered, after a portion of this viscus was removed by ligature. (*Mil. Surg.*, 1865, *p.* 366.)

The treatment of these injuries does not differ materially from that of the same injuries in the liver, except that as there is greater liability to the recurrence of hemorrhage, means should be used to keep the circulation in a quiet state. It is quite probable that in this, as in other injuries of the abdominal viscera, the careful use of veratrum viride would aid very much in this respect. General bleeding would not seem to be a proper means, at least until all danger of further hemorrhage had ceased, and the subsequent symptoms plainly required it. Rupture of the kidney, from external violence, is believed to have taken place, when it is known that the force was upon the lumbar region, and pain and tenderness exist in the region of the kidneys, with bloody urine. The direction of

*A recovery is recorded, in which a portion of the liver was protruding about the size of the extended four fingers of the adult hand. It was cut away, the base being previously ligated. (*Vide Am. Jour. of Med. Science*, 1864, p. 493.) When the protrusion is recent, it should be returned, enlarging the abdominal wound if required. If the vitality of the protruding part is seriously impaired, it might be treated as in this instance, or it might be permitted to slough away.

a penetrating wound will aid in diagnosing an injury of the kidneys, especially if bloody urine occurs. Mr. SHOCK is sure bloody urine occurs in all cases, unless the local injury is so great as to destroy the vitality and secretory power of the organ. This accident is generally fatal, though a few recoveries are recorded.* There is usually urinary infiltration into the loose areolar adipose tissue around the kidney, and if a penetrating wound exists involving the peritoneum, urine may find its way into the peritoneal cavity, and fatal peritonitis be developed.

Little need be said upon the treatment of these accidents in addition to what has been said with regard to other abdominal injuries. Abscesses should be *early* opened to allow a free passage to the urine and pus formed in them. The bladder should be kept empty by the catheter, and bloody clots in the bladder may require the patient use of the double-tube catheter for their removal.

Injuries and wounds of the stomach, intestines and omentum, will be the subject of the next paper.

IATRALEPTES.

By J. B. GARRISON, M. D.,

Of De Witt, Arkansas.

The treatment of diseases by the application of unctuous medicines to the surface of the body has been a part of the history of medicine from its earliest period. We learn from GALEN, that in the second century, a celebrated iatraleptes flourished by the name of DIOTAS. And even long anterior to that time, PLINY refers to individuals who made use of inunction and friction alone, as remedial agents. The introduction of this method of medication has been attributed to PRODICUS of Selembria, a reputed pupil of ÆSCULAPIUS. The fact that these and other individuals made a specialty of treating diseases by this method alone, disregarding every other avenue by which remedial agents might be introduced into the system, was sufficient cause why iatraleiptes fell into disrepute in the estimation of the scientist, and consequently, much of good has been neglected, that might have been accomplished by taking into consideration a proper estimate of the absorptive power of the skin, as well as the *importance* of making applications to the surface of the body, so as to keep it in a condition necessary to the performance of its physiological function.

That inunction has been practiced more or less by the profession generally, I do not doubt, but very little has been said in reference to it, except in certain special diseases, such as scarlatina, and some cutaneous affections. During the past four or five years, however, the attention of the profession has been called to the importance of inunction, in many diseases, and my own attention was first attracted in this direction by Prof. S. G. ARMOR, that best of men and therapeutists, who insisted strongly upon the value of anointing the body of a patient affected with scarlatina. This was in 1866. Soon after, I noticed in a London journal, some facts relative to inunction, as to its benefits in all febrile diseases. Since that time I have practiced inunction with the most favorable results; and I wish to add my mite of influence in favor of the practice, *wherever the symptoms indicate it.*

The application of oil to the skin of a scarlet-fever patient is no more indicated in that than in any other fever, *when the same conditions obtain.* In many other fevers the indications for inunction are far greater than in many cases of scarlatina. The *condition*, and not the *disease*, is the indication. My experience is that *dryness of the skin* is an indication for the application of some unctuous material, no matter what the disease may be. Iatraleptics do not, and should not, supersede other rational treatment, but it is certainly a valuable addition to the ordinary treatment of many febrile diseases.

It is unnecessary, and would be superfluous, to refer to cases in which I have found it of great benefit. Suffice it to say, that for the benefit of those physicians alone who can appreciate the fact that, as a rule, there is no specific treatment for any disease, this article is written. If it meets with their approbation my object shall have been attained. If *disease* was less thought of and the *actual condition of the patient studied more*, my humble opinion is, that there would be better doctors and *better* patients.

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*Otis says, *Vide Circular, No. 6, S. G. O., p. 21*: "Several cases are reported, in which it was believed that recovery took place after gunshot wounds of the kidneys."

Medical Societies.

MEIGS AND MASON (Ohio) ACADEMY OF MEDICINE.

A. L. Knight, M. D., President, pro tem.

[REPORTED BY T. CURTIS SMITH, M. D., SEC'Y.]

The Meigs and Mason Academy of Medicine convened at Pomeroy, O., Nov. 30th, at 6½ o'clock, P. M. The presiding officers being absent, Dr. A. L. Knight, was elected chairman *pro tem.*

The Cor. Secretary, Dr. J. Q. A. Hudson, reported the receipt of a communication from Prof. P. S. Conner, of Cincinnati, O., on "Excision of the Hip Joint in Morbus Coxarius, which was ordered to be read and discussed.

The author treated *in extenso* of the different forms and conditions of the disease, in which excision may or may not be judiciously performed, or is admissible. It is not admissible in the synovitic form, where the bones are not involved, nor during the first and second stages. But after the third stage has been fully established, and all reasonable hope of recovery by other treatment has failed, the operation becomes a necessity. Dead bone should always be removed and not allowed to remain as a cause of long continued suppuration, pain and visceral or constitutional derangement, and the patient die from exhaustion. He quoted Syme and others as against the operation in consequence of acetabular disease being nearly always present, and as this could not be removed without endangering the pelvic viscera and tissues, it would inevitably prove fatal. *Per contra*, he quoted Hancock, Barwell, Sayre, Henry Lee, and others, that the acetabular disease was no bar to the performance of excision of the hip, but that it was rather an additional reason why it should be done; for the bones being more extensively diseased, give proportionately less chance for recovery under other means, and that removal of the acetabulum does not endanger the pelvic viscera, as when diseased, the periosteum and intra-pelvic tissues in that vicinity become thickened and are easily pushed out of the way during the operation. It is better to remove all of the diseased bone than to leave any of it to be carried away by nature's slow process and cause further constitutional trouble.

He thought himself that each case and experience with it is the best guide as to whether it should be performed or not. Gave statistics of 279 cases, of which 123 recovered after excision, 102 died, 54 result not known; also, that before puberty about 75 per cent. recovered. After that age it becomes more fatal, but one case giving a favorable result over 30 years of age. A better limb and more useful is afforded, and more lives saved by, than without operative procedure. The prognosis is always bad, recovery rarely taking place without excision, and when it does occur, the survivor has a broken constitution, a very poor limb which is generally deformed, weak and stiff, with more or less deformity of the spine. The operative procedure saves more lives and a better proportion of useful limbs than any other method of treatment. But while it is a justifiable operation and often a necessity, it should not be performed prematurely, nor until treatment gave evidence of failure.

Dr. D. C. Rathburn quoted Syme as against the operation, and regarded him as the greatest of all the British surgeons, and that great weight should attach to his opinion in drawing conclusions regarding the operation. Evidence of disease of the cotyloid cavity is not easily made out, and the operation should never be performed without positive evidence of caries or necrosis of the joint. Did not think it a justifiable operation where the acetabulum had to be removed, the anatomical proximity of the cavity to the pelvis, and consequent danger of injury to the intra-pelvic structures is too great. The bottom of the cavity is but a thin translucent plate of bone, and could not with safety be removed. The margin of the bone might possibly be removed without greatly increasing the danger to the patient, but the bottom of the cavity never. If there was any prospect of recovery without operation it should not be performed, and it should never be done only as a *dernier resort*. The reparative power of nature is not sufficient to yield as good a limb after operation as would be afforded by spontaneous recovery, and the diseased and removed periosteum afford but a poor prospect for a useful limb, and the chances for life are but little if at all improved by operative procedure.

Dr. Hudson quoted Gross, Good, Erichson, Holmes, Barwell, Hancock, Sayre and others, as stating that cases that reached the third stage, were nearly always fatal in their termination, and as favoring excision. He thought it probable that Gross had never performed the operation, but his statement of prognosis accorded with that of other noted surgeons. He believed that these cases in the third stage had but a very slender chance for life or limb, without operation, and that the great constitutional trouble, caused by the disease, would be fatal to the patient in the end. Acetabular involvement does not constitute a bar to excision. The periosteum and dense intra-pelvic fascia and tissue are sufficient to protect the pelvis during the operation, and the acetabulum, in whole or part, could be, and had been safely removed with the saw, gouge and trephine. With reasonable care, the danger of injuring nerves or large vessels, is small, even if there is intra-pelvic involvement or abscess there could be no objection to removing the cotyloid cavity, as the operation did not increase the danger to

the patient, and it affords a better exit to the pus; at least the chances in such cases would be better than to leave the diseased bone behind. The chances for life and limb are enhanced by operative interference, for nearly one-half of *all* cases, including *all* ages, recover, while without excision nearly all prove fatal, and even if recovery occur, it is with a useless and deformed limb, and shattered constitution, from the long suffering and suppuration consequent upon the disease.

Dr. Knight had always believed the operation uncalled for, and had only paid attention to the treatment of the disease by other means. In twenty years' practice he had met with but one case of coxalgia; was disposed to side with those who operated as a dernier resort, but not otherwise; thought deaths not over 45 per cent. without excision, and that cast a doubt on the propriety of operating even in any case. Cases where dislocations had occurred, in third stages, had done well after reduction of luxation; quoted Chelius to sustain his statement of 45 per cent. of recoveries by non-operative treatment, but thought that the author did not divide the disease into three stages, as is now done, but still thought he might be led to operate in case of a child, where he was very positive of the presence of diseased bone; mentioned the inconsistency of Gross, in giving a favorable prognosis in one volume of his work, and a very unfavorable one in the other, and his testimony is therefore good for nothing; thought the occasional recoveries reported after excision should not establish excision, and that many unfavorable cases were never brought forward to give a fair statistical showing, and authors should be very careful how they advocate it.

Dr. Smith, (Sec.,) thought the views set forth in the paper were able and in the main correct; stated that while there was but one able authority—Syme—who opposed the operation, there were many others of equally good authority who favored it in proper cases, among whom are Hancock, Sayre, Bauer, Barwell, Ferguson, Lyster, Gant, Bryant, Ashurst and a host of others. Thought if the opinions expressed by these able authorities were worth anything they fully established the great fatality attending non-operative treatment. Recovery by other treatment is rather the exception than the rule after the third stage is established, and even where spontaneous recovery does occur, it is with a greatly enfeebled constitution caused by long continued suffering and suppuration with visceral involvement, and the limb is in the majority of cases useless. Besides the spine is necessarily deformed to compensate for loss of motion at the hip. As a rule the limb recovers at an angle, acute, obtuse, or at any angle, which always rendered the limb useless and an unsightly deformity. Thought excision offers a much better chance for saving both life and limb than any other treatment. While he would not operate as soon as the third stage was established, he would not wait till the chances of life were greatly diminished by the ravages of the disease; that he would operate early, thus increasing chances of recovery. He had no faith in cure by other means late in the disease. Cited reported cases found in searching standard medical literature, to the number of 328—of which 190 recovered, 138 died after operation and from sequences of diseased condition. Total per cent. of recoveries including all cases and ages, 59; total per cent. of deaths, 41; total per cent. of useful limbs among the recoveries, 60; total per cent. of recoveries under 10 years of age, 76; from 10 to 20 years, 50 per cent.; from 20 to 30 years, 25 per cent.; after 30 years very fatal, recovery having occurred but once, and that in a case 58 years of age. Thought in early life he would *always* take the chances of excision after a fair trial had been given to other means.

Dr. C. R. Reed thought late authorities favored the operation more than the older ones; quotes Syme as against the operation. It is strange that Gross should so flatly contradict himself in his two widely different statements. Concerning the prognosis of the disease in the third stage, thought the limb after spontaneous recovery far better and more useful than after excision, and could not endorse the statement that a useful limb was afforded after excision, and even in the arm, the limb was generally only fit to fill a sleeve. They were, after excision, invariably useless. In coxalgia there is no necessity for the limbs recovering at right angles or acute angles. Such recovery always showed malpractice on the part of the surgeon. Recovery would occur in half the cases without excision, though it might be proper in rare instances to operate; but it is impossible for the surgeon to say in any case whether recovery without it would or would not occur; did not think it easy to decide in many instances, whether there was or was not diseased bone in the hip. Excision should not be attempted till that is fully established.

Dr. Hudson said, the presence of caries or necrosis could nearly always be made out by a history of the case, and a continued careful observation of the symptoms and character of the pus, even if the probe failed to give the unfailing proof of its existence. Conservative surgery had not had a fair test in this operation; in many repeated cases it was performed when the patient was almost moribund, while it should have been done early in the third stage; reported that death almost always occurs without excision, and even in those cases where recovery without it does occur there is a distorted spine, and generally a useless and deformed limb. Cited cases reported in *American Journal of Medical Science*, for April 1867, page 414, as showing the usual extent of deformity.

Dr. Smith thought that the prognosis for life and useful limb, without operation, is worse than with. Authors often state that excision should not be performed till after dislocation occurs; whereas it is now well known that dislocation very rarely occurs even in the third stage—but for all that one gentleman present, had, at a former meeting, related a case in which dislocation had occurred even in the second stage. No similar case to his knowledge was on record. Luxation should not be waited for before operating, as in most cases it does not occur even where the head of the femur is ground down by disease, and friction to a mere button.

Dr. Knight said shortening could not occur without dislocation. The mere removal of the head and neck would not yield a shortening of two or three inches. Where luxation does occur, it should be reduced; he thought 328 cases, where excision had been performed, was not sufficient data to govern us, when compared with the vast number of cases that must have been treated without it, and inasmuch as it was very difficult or impossible for the surgeon beforehand to decide whether a spontaneous cure might or might not occur; he deemed the operation as being generally of doubtful propriety.

Dr. Reed thought removal of the cotyloid cavity does not favor the ready exit of matter, and still had more faith in the greater utility of the limb by spontaneous recovery, than by excision, and that the chances for cure by ordinary means should generally have the preference.

Dr. Rathburn asked how much of the femur could be removed and still a good limb secured?

Dr. Hudson replied three or four inches, and in a few rare instance more, and that the trochanter major is now always removed, whether diseased or not, in order to leave a a free exit to pus or spicula of bone.

Dr. R. replied that that fact lowered the operation in his estimation. He thought dislocation must almost of necessity occur where the capsular and ligamentous tissue was seriously diseased, yet it was stated that it seldom occurs even where ground down to a mere button, and with ligaments enfeebled or removed by disease.

Dr. Smith replied that the shortening was generally caused by elevation of the diseased side of the pelvis, which gave two or three inches of shortening, and when dislocation occurred, the heel was lifted half way from the foot to the knee, when compared with the sound side; said that one argument in favor of excision was the great and immediate relief from pain it gave the patient, which was always the case; that in his own case which he operated on some months ago, there was immediate relief from pain, nor had there been any recurrence of it since, but the patient had been comparatively comfortable ever since, and was still doing reasonably well.

Moved to adjourn to meet at Middleport, O., Dec. 7, at 6½ o'clock, P. M.

MEDICAL SOCIETY OF LONDON.

Monday, October 16th, 1871.

ANDREW CLARK, M. D., PRESIDENT, IN THE CHAIR.

Killing Animals without Pain.

Dr. B. W. RICHARDSON read a paper at the Medical Society of London on the possibility of destroying animals intended for human consumption, without the infliction of pain. He recommended the following agents for producing insensibility. 1. Hydramyle and bichloride of methyline; 2. Carbon bisulphide and methyline bichloride; 3. Chloroform or methyline and coal gas. When a butcher kills an animal in the usual way, bleeding occurs; there are primary syncopal convulsions after the loss of forty ounces of blood, and fatal convulsive paroxysm after the loss of about ten ounces more. If the vapor of two drachms of either of the agents referred to were administered, narcotism was produced, and the primary convulsion was suspended or much reduced; the second was an entirely painless phenomenon. No odor or taste of the anæsthetic was left in the flesh of the animal.

Hypovenosity of the Lower Limb.

Mr. GAY read a paper on this subject at the Medical Society of London. The term was used to express a condition in which there is a deficiency in the veins of the saphenous system, as hypervenosity might be used to express an excess in the development of these veins. In the latter, especially with varicosity, the limb was usually lean, and the outlines of bone, muscle and tendon were, as a rule, sharp and well defined. In hypervenosity, these outlines became gradually effaced, the skin became dusky, the whole limb dense or brawny, and muscular action difficult and painful. With the exception of perhaps a few dilated or varicose venous twigs below the ankles, or on the dorsum of the foot, there was scarcely a vein to be seen. As the disease advanced, the subdermoid fat layer became denser and lost its elasticity. Its remote causes were disease of the vessels, such as phlebitis, insufficient muscular exercise, systematic asthenia, etc.

Degeneration and consequent incompetence of the saphenous veins and their branches was its direct or exciting cause. Secondarily, it was presumed, the deep trunk veins became dilated, their valves partially inert, and fatty deposit and degeneration took place in the muscles and their connective tissue. The ground for this interence were: (*a*) that functional deterioration of the saphenous system, through thickening, atrophy, retrecissement, or thrombus, was an occasional pathological fact; (*b*) and that saphenous inefficiency as shown by a varicose condition of the venous radicles, as well as by a dusky color of the

skin, otherwise than from melasma or scleroderma, were habitually associated with and indicated dilatation of the deep trunk veins. The author remarked that the venous system was double—*superficial* and *deep*, or *main* and *complementary*; the former playing to the latter the part of a waste-pipe, or compensating system, ready to relieve it when its vessels were unduly filled. The deep veins constituted the *real* venous system; therefore, the current through these veins, in the healthy performance of the double circulation, was maintained by a combination of forces, of which voluntary muscular was not a necessary co-efficient.

The current through the complementary veins, on the other hand, received, in the limbs more especially, its principle impulse from voluntary muscular action. If its vessels became inefficient, the surplus quantity of blood due to muscular exercise was poured into the deep veins with a force that resulted in dilatation, valvular incapacity, muscular deterioration, and other changes. The forces which determined the returning current of the blood were complex; the principal of them were the heart's action, arterial elasticity, and the influence of the nervous system. Of these, each might separately be cut off, and yet the blood would find its way back to the heart. Moreover, the blood passed from the arteries into the veins without the aid of any of these forces. Mr. GAY believed that there was a sort of molecular force which existed in connection with muscular tissue or sarcode, and that to it the venous current was mainly due; that, in fact, as an agent in the circulating system, it was to the capillary very analogous in some respects to what the heart was to the arterial system. As the deep or main system of veins was associated with the nutritive processes, so the superficial or complementary was essentially eliminatory. From these veins in the lower limb, dropsical effusion took place; and it was not improbable that in other dropsies, as of the pericardium, pleura, or peritoneum, the fluid escaped from veins of the complementary system. The treatment was the reverse of that ordinarily employed, viz.: an entire freedom of the limb from all compresses, enforced walking exercise, begun in moderation and periodically increased, hot applications, especially hot sea-water to the limb, and perhaps the internal administration of liquor potassæ; in short, the use of all those measures, hygienic and therapeutic, which could, on the one hand, restore the circulation of the limb, and on the other, relieve it of its superabundant fat.

EDITORIAL DEPARTMENT.

PERISCOPE.

Nature and Properties of Allantoine.

The *Druggists' Circular and Chemical Gazette* August, 1871, contains the following article on this organic substance:

Allantoine occurs in the allantoic fluids of animals, in the urine of calves, and probably in that of all young herbivoræ, and in the milk of animals immediately after parturition. The fœtus is surrounded by a double membrane, one above the other, which, in the early stage of development, lies close on the embryo, but which fills gradually with a limpid liquid not containing allantoine, but, beside other ingredients, albumen, in which the young animal swims, and which becomes turbid in some animals, as the time for their birth approaches. The space between this and the outer membrane is connected by means of a duct with the urinary bladder of the fœtus and contains the allantoic fluid, containing principally allantoine. The secretion, therefore, bears the same relation to the fœtus that the urine does to the fully developed young animal, and is probably a link between the highly organized nitrogenous compounds, which constitute part of our food and of which albumen is a representative, and urea, as which substances it leaves the body after having performed its work, the lowest organized compound within the animal organism. Soon after escaping, it splits up into carbonate of ammonia, an inorganic substance, and may serve as food for plants. Allantoine may be converted easily by treatment with oxydizing agents, into urea, which seems to indicate that it stands a little higher in organization. Both urea and allantoine are waste materials of the animal body, and as such, direct poison. They must, therefore, be removed from it as soon as formed, and if by any abnormity or disease they are retained and absorbed, they will act detrimentally to health. Whether they are in such case converted into carbonate of ammonia is difficult to decide, as they will impregnate the material of the living body, decompose it before death ensues, and after death present the body in such a state of progressive putrefaction that the question cannot be decided. There is, however, no doubt that urea and allantoine would act alike, though no case of the latter kind is known to us.

Emphysema During Labor.

Dr. JAMES. O. WHITNEY, of Pawtucket, R. I., writes to the *Boston Medical and Surgical Journal:*

The case of emphysema published in the *Journal* reminds me of a case of this nature that occurred in my practice some years since. My patient was a robust young woman in her first labor, which was very severe and protracted. The irruption of air took place in the night, and was momentarily attended with some difficulty of breathing; it was so extensive as to nearly or quite close the eyes, reaching to all parts above the waist, where it was arrested in its downward progress by the tightness of the clothes. I assured my patient and her friends that it would spontaneously disappear in a few days, which prediction was fully verified. There was no soreness whatever. I attended this patient in a subsequent labor, which was severe also, but nothing of the kind happened again. A rupture at the naval, however, took place, and there remains to this day a troublesome umbilical hernia. The first confinement was a case of single birth; the second, twin birth. She never afterward became pregnant, though having good health, with the exception mentioned, as to the hernia, which has occasioned paroxysms of colic, at times severe. I had then seen no reference to this complication of parturition in works on obstetrical science; but in Cazeaux's work (1868) may be found an article on "Pulmonary and Subcutaneous Emphysema," by which it appears that cases like mine are "still more rare" than where the air spreads to the face and neck only, and "may occasion oppression and threaten suffocation," as happened to my patient to some extent.

The Mode of Investigating the Diseases of Women.

Dr. ROBERT BARNES, Obstetric Physician, and Lecturer on Midwifery and Diseases of Women and Children, at St. Thomas' Hospital, says in a lecture reported in the *British Medical Journal:* I have now a few general observations to make on the mode of investigating the diseases of women. In a former lecture, I told you that we were guided by the subjective sensations of a woman in our first investigations. When a woman complains of aching and pain in a part, we are naturally led to conclude that there is some mischief going on in the seat of pain, although there is no absolute certainty until we examine the organs suffering. In single women, we are chiefly guided by some disturbance of the function of menstruation. In many cases of disturbed menstruation, there exists some morbid condition which it is necessary to investigate. If there be intense pain and leucorrhœal discharge, we get the indication of disease requiring exploration. Discharges especially are significant, and render examination imperative. No woman suffers long from distressed menstruation or a discharge without danger of mischief. By examination, then, you come to a large class of *objective* signs, which, taken in conjunction with the *subjective* signs, throw great light upon the disease. From the two together, you may come to a rational view of the case.

First, then, as to the ovary. The ovary is recognised now as the *primum mobile*, the first cause of menstruation. When menstruation is disturbed we should look to the ovary; although the uterus, being the organ of the discharge, should be looked to also. Still, if there be no ovary, there is no menstruation; if the ovary be diseased, there is likely to be difficult menstruation.

There are diseases, however, having their primary seat in the uterus. The uterus has a certain definite position, size, shape, mobility, or range of motion, sensibility and attachment. All these conditions can be examined by the touch, and any deviations from them must have a cause. There are some other properties of the uterus which we can bring under observation—such as its vascularity, color and alterations of surface. The speculum enables us to see the lower part of the uterus and the vagina, and is here of the greatest possible service; but nothing, of course, can enable us to see the ovary.

[Dr. Barnes then referred to a diagram of the uterus and its appendages in the healthy state, and proceeded to show how its position was affected by abnormal conditions.] If there be a large quantity of urine in the bladder, the uterus is thrown backward; if the rectum be loaded, the uterus is pressed forward. Sometimes the uterus is from this latter cause so pressed against the bladder, that there is retention of urine. I have known distressing cases of this kind. There are no means of keeping the bladder free until you have washed out the rectum. As to change of size, if the uterus be much enlarged, and the other signs of pregnancy agree, we conclude that the woman is pregnant; but the minor sizes of the uterus are not so easily settled as the result of pregnancy. They may be the result of engorgement, or of mischief coming on after pregnancy, or of tumors, etc. If at the end of three weeks from confinement we find that the uterus is large, we conclude that involution of the uterus has been arrested. The best way to ascertain the bulk of the uterus is to grasp it between the two hands. The sound will also measure the size of the uterus. The change of form chiefly indicates the presence of tumors in the uterus, which, springing out of its walls, alter its shape; or it may indicate a displacement. We ascertain the sensibility of this organ by the touch. Tenderness on pressure may arise from inflammation, or neuralgia, or irritability. There is supposed to be a simply hyperæsthetic condition of the organ, the slightest touch giving acute pain; the tender-

ness may also arise from hysteria. In its normal state its sensitiveness is very slight.

There is another sign of great importance in ascertaining the true condition of the uterus —change of density or hardness. The os uteri, in the unimpregnated state, is as hard as the point of the nose: it feels firm, smooth and hard. If that condition be altered to softness, you may suspect pregnancy; but of course you would not rely upon that sign alone. Another meaning of the softness is increased vascularity, which may arise from a granulating surface, the result of lost epithelium. If that be combined with increased size, patency and cancerous growth in the cervix may also help to keep the os open.

The significance of altered mobility is very important. The uterus naturally moves about, and if it do not, you have to consider a number of causes which impede it. A large fibroid tumor will sometimes fix the uterus. Cancer almost invariably alters the mobility of the uterus. Of all things this is the great test of cancer. In the earlier stages, indeed, it affects only the cervix; but when it has invaded the roof of the vagina, the bladder, and rectum, then you get a dense, firm mass, filling the brim of the pelvis, which you cannot move. There are conditions about the os which make this sign still more clear: the history also will guide you. After labor or abortion, you may have inflammation of the pelvic peritoneum; and this is sometimes attended with great effusion of plastic matter, which sets the uterus and surrounding structures fast together. The history will also guide you here. In the case of cancer you can see the disease, and find cancerous bleedings and discharges.

There is another cause of fixed uterus: the pouring out of a quantity of blood behind it—the so-called retro-uterine hæmatocele, a very interesting example of which is now in the hospital. This condition is always accompanied by pelvic peritonitis. This is distinguished by the os uteri being pushed against the symphysis pubis, and the sound passing upward and forward toward the umbilicus. This determines the position of the fundus of the uterus, proving that the mass felt behind the os cannot be the body of the uterus. The history and other signs, then, lead to the diagnosis of hæmatocele.

Propriety of Inducing Labor in Cases of Albuminuria in Pregnancy.

At a meeting of the Obstetrical Society of Boston, January 14, 1872 (Dr. WILLIAM READ, First Vice-President, in the chair), Dr. Reed asked whether induced labor is justifible in cases like the following, and under what circumstances it may be justified:

A lady pregnant for the second time, and within five weeks of the full term, had occasional attacks of loss of sight, and mental confusion; her legs were œdematous half-way up the thighs, and she was passing urine, two-thirds full of albumen, frequently, but in very small quantities. The specific gravity was not taken, nor was any microscopic examination made; there was no urinous odor in the breath. The skin of the legs was cracked by the distention. In view of the urgency of the mental symptoms, for the patient declared she felt as though about to lose her mind, it was proposed by Dr. PUTNAM, (who had been called in consultation) and himself to induce premature labor. She refused to allow the operation, and sent for another physician; while he and his associates were stigmatized as abortionists for proposing the operation.

Drs. Lyman and Cotting were inclined to question the expediency of this measure, and thought that it would be likely of itself to bring on convulsions.

Dr. Abbot suggested that diuretics should be tried before the question of the induction of labor is considered.

Dr. Sinclair was on general principles in favor of Dr. Read's practice, in cases like that reported, but would try the effects of diuretics before resorting to the induction of premature labor. If we *wait* for convulsions to occur, it is at our own risk.

Torsion of Arteries.

M. TILLAUX, surgeon of the St. Antoine Hospital of Paris (*Courier Med.*, 14th Oct.), read a note on the torsion of arteries recently, says the *Doctor*, in which he remarks that there would certainly be great benefit if it were not required to tie the arteries, since the presence of the threads brings on suppuration, and is opposed to immediate reunion. It is also not rare to tie a filament of nerve along with an artery, which causes great pain, and, according to some, tetanus. Also sometimes the noose of the thread takes in some muscular and cellular tissue, which becomes sphacelated. Now, torsion of the arteries quite shelters us from such disasters, and it obliterates completely and permanently the passage through the vessels. To make this ligature the ordinary forceps will suffice; it is better, however, to have different forceps for the torsion of the larger and smaller arteries. The artery being isolated he seizes the extremity between the two ends of the forceps to the extent of five or six millimetres. Holding the forceps in a direction parallel with that of the artery, he keeps it up with his left hand, whilst with his right he slowly twists it. After a variable number of turns, the extremity of the artery comes away in the forceps.

New Attempts at Inoculation of Grey Tubercle.

Dr. SERAFURO BIFFI and Dr. A. VERGA (*Gazz. M. C. Lomb.*, August, 1871, quoted in

the *Doctor*) say that the argument of the inoculability of tuberculosis is far from having exhausted the attention and patience of cultivators of experimental pathology. Everywhere is repeated the experiment of inoculating animals of different species, and in different parts of their organism, not only with grey tubercle, but with the so-called cheesy matter and other morbid products; lastly, with inert substances. But up to this time the question is as not been settled so as to satisfy the student, so that they are divided into two camps, in which the most opposite opinions are held. Experiments were made by these gentlemen on two mules, one cow, two pigs and one dog, in the veterinary school of St. Francisca, near Milan. In all these seven animals they had inoculated under the skin human grey tubercle, which was triturated and reduced to a soft pultaceous matter by the addition of distilled water. This was introduced amidst the subcutaneous cellular tissue, through a little puncture in the cutis, which was then re-united with a point of suture. In another case the matter, much diluted with distilled water, and passed through a piece of gauze, was injected by means of one of Pravaz's syringes. In one way or other the injection was always practiced on each animal at least in two distinct points, in the neck and in the thigh. It was noticed that some days after the operation, where it had been practiced, the connective tissue became inflamed, and there was a swelling noticed, which afterward assumed the appearance of a nodule, then opened, and gradually the wound cicatrized. The pigs, the dogs and the mules were killed about three months after inoculation, and the cow after two months. All these animals after the operation had been kept in good conditions of health, and appeared to enjoy good health. The accurate autopsies showed that there was no tubercle either in the lungs or any other parts of these animals.

Acquired Protection from Poisons.

Dr. WHITE read a paper at the Boston Society of Medical Science, (published in the *Boston Med. and Surg. Journal*), on the protection acquired by the human skin (and other tissues) against the action of certain animal poisons after repeated inoculation, claiming that the frequent inoculation of some poisons gave a gradual immunity from any poisonous effects. He instanced the effects of mosquito bites, which he thought were more severe in children than in adults, much more severe in foreigners who had recently arrived in this country than in natives, and in support of this spoke of a whole family, recently arrived from England, which he had just seen, upon the members of which the bites of mosquitoes had produced a violent eruption of the skin resembling pemphigus. He thought that the immunity derived from frequent inoculations was analogous to that from vaccine matter against variola.

In reply to questions, Dr. White said that he considered it as established that poisonous snakes were not killed by their own poisons; insects, however, he said, did not enjoy this immunity, as wasps and bees were known to kill each other by their poison.

Dr. AROMRY said, in support of Dr. White's theory, that in regions where black flies abound, persons after a few years are not affected by the poison. This immunity is not obtained in one season, but only after a prolonged residence; such persons are bitten as at first, but escape all the disagreeable effects from which non-resident suffers.

Dr. WIGGLESWORTH asked how it was, then, that in persons affected for many years with lice we see no cessation in the toxical action of the bites upon the skin; as is shown by the non-cessation from scratching and the progressive severity of the affection, so that in old cases we see a marked increase in the deposition of pigment in the skin.

Dr. WHITE thought that the subjective symptoms were different after a time from those felt at first; that the lice cease to irritate and are not felt; the increased pigment he thought was due to the blood drawn to the skin by the increased number of bites.

Dr. FITZ thought that the continuous eczema kept up the scratching.

Dr. NICHOLS considered it a fact that children suffer most from mosquito-bites, and he had known such bites to be mistaken by the family for chicken-pox and even small-pox.

Dr. Voisin on the Treatment of Epilepsy by Copper and Zinc.

In the *Wien. Med. Zeit.*, No. 9, quoted in the *Doctor*, Dr. VOISIN says that the definitive curability of epilepsy is at present so doubted by a great crowd of medical observers, that he holds it useful to quote from HERPIN, of Geneva, who left behind him notes on this subject, a series of cases when the disease was cured for a shorter or longer time. He thinks it the more important to do so at present, because just now bromide of potassium is so prodigiously praised in the treatment of epilepsy, that one is inclined to consider the former remedies as having all been useless and without power, whilst clinical experience shows us every day that bromide of potassium is very far from curing all epilepsies—and especially the essential ones—or even to do them much good; and that, indeed, several patients are by its means excited extremely; whilst in others its supposed power of lowering sexual emotions is null; indeed, in some cases the sexual irritation is increased. Dr. Herpin was not acquainted with the anti-epileptic properties of bromide of potassium. He treated his patients chiefly with preparations of lactate of zinc, ammonio-sulphate of

copper, hyoscyamus, and artimisia. In a young girl who, when aged thirteen, had contracted essential epilepsy, Herpin treated her ten years later, after that she had suffered 111 times from *Grand mal*, and on numerous occasions from fainting fits and vertigo. After the patient had been treated with lactate of zinc, hyoscyamus and artimisia she was cured when the last remedy was raised to 10 grammes. The experiment was continued a year longer, and since then the girl has remained quite free from the disease and healthy. The second patient was twenty-one months old when brought to Herpin; and the disease was hereditary in this case and fully developed. Attacks came on twenty-five times a month, and one hundred and fifty had already been counted. Treatment consisted in the use of lactate of zinc, ammonio-sulphate of copper, hyocyamus, and artimisia. The disease got milder by the use of the copper and disappeared entirely when artimisia was used, and since 1858 the child who was now a man was quite healthy. The third patient came to Herpin at the age of eleven years, after having for six months had thirty-eight epileptic attacks, and numerous attacks of vertigo. Four years were required of treatment by the abovementioned remedies; and here it was the copper which conquered the disease; Herpin at the same time made the lad practice gymnastic exercise, and take long walks in the open air. The fourth observation relates to an epileptic who was brought to Herpin when eighteen years old. He had only two severe fits. He was treated by copper and the disease was quenched. The fifth case was in a girl ninteen years of age who had been epileptic a year. She had had five attacks, each lasting two hours. Treatment with lactate of zinc, undertaken for a year cured the girl; and since then she has not had a trace of the disease. The sixth case was eleven years old, and she had suffered since her seventh year from epilepsy and vertigo; fifty-three times from the former, *Grand mal*. She was treated with the lactate of zinc for a year, and cured definitely. The seventh case was that of a boy eight years old, whose uncle by the mother's side was insane, had his first attack in July, 1850, when four years of age. He was first put under the water-cure, and then on belladonna; under these his complaint became milder; and lactate of zinc cured the vertigo. He has been quite well since 1854.

Case of Aneurism Involving the Arch of the Aorta.

Dr. JOHN BELL writes to the *Canada Medical Journal* the following case:

The patient was a man of about 37 years, English, and of fair complexion. I saw him a few times in April, 1870, when he was suffering from what appeared to be a rheumatic attack, with pains in his back.

In the beginning of August last, he was following the occupation of night watchman, and thought he caught cold, as he began at that time to suffer from hoarseness, amounting at times almost to aphonia, and from a cough, but no pain anywhere. His physique was good, and there was no evidence of malnutrition. His face, however, wore a peculiar expression, somewhat pale and anxious. I examined the apices of his lungs at the time, and found slight crepitation, particularly on the right side, but the percussion note was resonant, in fact unusually so, and gave no indication of serious disease of the parts. The rise during inspiration of the upper part of both sides of the chest was full and uniform. I did not detect any aneurismal *bruit*, either because it did not exist, or it was not audible at that time. The chest was large and full. He was prescribed for and advised to change his occupation for day work, which he did. Probably the easy and quiet employment of night watchman obviated the manifestation of much of the distress, from which he might otherwise have suffered. I saw him about once a week. He improved in general health, but with no change in the hoarseness. About a week before his death he called at my office, and a re-examination of his chest revealed no abnormal symptoms, but scarcely appreciable shade of dullness at the right apex. No *bruit* obtruded itself on my notice, and not suspecting aneurism, I did not look particularly for one.

On Friday, September 22d, he felt sick all day and vomited several times, suffering from considerable pain across the epigastrium. On resuming work after dinner, on the day following, he coughed up a little blood, and almost immediately after vomited more than a pint. He was taken home, where I saw him about 5 o'clock. On examining his lungs, I found the right side quite dull and with a peculiar liquid râle, which did not exist in the rest of the chest. He felt excited and weak from the accident and loss of blood, but complained of no pain. He rested uneasily during the night, and on awaking about half-past six on Sunday morning, started up in bed and called out to his wife, who said he went into a kind of a fit and died. There was no blood vomited or spit up.

At the autopsy, in removing the sternum, the first cut through the cartilages into the left pleura, was followed by a gush of clear, amber-colored serum. About half a gallon of it was sponged out, and beneath it lay a huge clot somewhat like the liver in shape and size, filling up the space between the left ribs and partially collapsed lung. Over the lower part of the trachea lay what appeared to be an enlarged glandular structure, but which on the removal of the thoracic viscera, was found to be an immense aneurism of the entire circumference of the whole of the arch of the aorta.

A few thick, strong adhesions fastened the apex of each lung to the pleura, and with these as bases, conical portions were found to

be filled with old tubercles, some containing thick pus, and others becoming calcareous. The tissue of both lungs was infiltrated with dark blood, the left lung being almost black, but the air cells seemed to contain a large quantity of air in every part.

Therapeutic Record.

Strychnia in Albuminuria.—BRIGNOLI, in *Lo Sperimentale*, besides recommending nux vomica in various neuroses, gastralgia, dyspepsia, cardiac palpitations, periodic cough, etc., states that he has observed it to have a marked effect in retarding the progress of albuminuria, especially the scarlatinal form with anasarca. He cites twelve cases of complete recovery.

Vomiting of Pregnancy.—Dr. HUBERT, in a memoir read before the Medical Society of Lyons (*Lyon Medical*, 15th Oct., 1871, p. 467), produces evidence to show that in some cases this symptom depends upon displacement and movements of the uterus, and that it may be arrested by the immobilization of the uterus by suitable bandages and the use of Hodge's or Zwanke's pessary.

The Bromohydrates of Quinine and Cinchonine.—In a communication laid before the Academy of Medicine of Paris on Oct. 17th, 1871, M. LATOUR recommends these preparations to the attention of physicians. He prepares the neutral bromohydrate of quinine, it is stated, by dissolving the bromide of potassium in a slightly acidulated solution of sulphate of quinine; the basic bromohydrate by treating the neutral sulphate of quinine, dissolved in a mixture of equal parts of water and alcohol, first with a very dilute solution of ammonia, then with a neutral solution of bromohydrate of quinine.

Chloral in Cholera.—Dr. VON REICHARD has employed chloral in the recent epidemic of cholera at Riga—first, to calm the cramps at the outset; secondly, to lessen the præcordial anguish in the last stage; thirdly, to arrest the vomiting; fourthly, to induce sleep, for which the patients have earnestly prayed. It has successfully fulfilled all these indications. In one case, in which the patient was *in extremis*, and had apparently not three hours to live, sixty grains of chloral gave calm sleep; the temperature rose; the pulse fell from 130 to 90, and regained a certain fulness; the *facies cholerica* disappeared; and the patient was, as it were, snatched from the jaws of death. Dr. BLUMENTHAL, in three cases of severe cholera, saved two out of three patients. The doses administered were sixty grains in half an ounce of water twice or thrice in an hour.

——Mrs. Thorne, Miss Chaplin and Miss Peachy, have successfully passed their final professional examination in the medical department of the University of Edinburg.

Reviews and Book Notices.

BOOK NOTICES.

Circular No. 3. War Department, Surgeon General's Office, Washington, August 17, 1871. Report of Surgical Cases in the Army of the United States, from 1865 to 1871. Washington: Government Printing Office, 1871. 1 vol. 4to pp. 296. Illustrated.

The benefit resulting to surgical literature from the official publications of the Surgeon-General's office cannot be over-estimated. The present volume contains a full report of the more important surgical cases treated in the army during the last five years. It is edited by Dr. GEORGE A. OTIS, U. S. A., the efficient editor of the Surgical History of the War. The cases are carefully recounted, and generally a full subsequent history is attached, which much increases their value. They embrace in all 1037 cases, and embrace a large variety of wounds, accidents and injuries.

The Circular is illustrated by several engravings on stone, and a number of wood cuts.

Diseases of the Skin: the recent advances in their Pathology and Treatment, by B. JOY JEFFRIES, A. M., M. D. Being the Boylston Prize Essay, 1871. Reprinted from the American Journal of Syphilography and Dermatology. Boston: Alexander Moore, 1871. 1 vol., 8vo., cloth, pp. 79. For sale by Claxton, Remsen & Haffelfinger. Price $1.00.

This is a succinct review of the addition to our knowledge of skin diseases, and seems to have been quite carefully prepared, after full consultation of nearly all the late authorities and publications. The author is an admirer of Hebra, and inclines to his views. No special attention is given to syphilitic diseases. The volume would have been improved by the addition of a table of contents and an index, both of which it lacks.

A Treatise on Human Physiology, designed for the use of students and Practitioners of medicine, by JOHN C. DALTON, M. D., etc. Fifth edition, revised and enlarged, with two hundred and eighty-four illustrations. Philadelphia: Henry C. Lea, 1871. 1 vol., sheep, 8vo.; pages, 728.

Prof Dalton's Physiology may be regarded as one of the most *suggestive* which has been written, and is eminently adapted as a text-book, to place in the hands of students, to incite in their minds a lively interest in the

topics of which it treats. We do not mean by this that it is a superficial work, but rather an *original* one. Every chapter shows the experimental physiologist, not the mere compiler. It has also the prevailing fault of an original work, to wit: incompleteness.

The present edition has been re-written, and a number of new facts incorporated in the text. We have, however, looked in vain for any notice of Prof. Mantegazza's remarkable experiments on the spermatozoa, Prof. Newman's researches on the function of the medulla of the long bones, and of some other recent advances in physiological science, which ought to have been referred to.

The illustrations are in part new, and the paper and the press-work deserve commendation.

Hand-Book of Skin Diseases: By Dr. Isodor NEUMAN, of Vienna. Translated from the Second German Edition, with Notes: By LUCIUS D. BULKLEY, A. M., M. D., etc. Illustrated with sixty-six wood cuts: New York; D. Appleton & Co., 1872; 1 vol., cloth, 8vo., pp. 467.

The author of this book was for a number of years the assistant of Professor HEBRA, in the hospital for diseases of the skin, in Vienna, and his doctrines, as might be expected, follow closely those of that great master, and are strictly of the German school. That school is remarkable for closeness of diagnosis, intimate acquaintance with pathology and wide reading. But in *treatment* they are little more than nihilists, or else believers in one or two remedies only.

This fault the translator freely confesses in his preface, and makes amends for it by adding quite full notes on remedies, etc., after the plan most approved in this country. This imparts to the volume a practical character, which it lacked, and which will recommend it to the majority of American readers. As an exposition of the pathology of skin diseases, the author's original treatise ranks deservedly high. It contains numerous illustrations, a bibliography, and a copious index.

Fecundity, Fertility, Sterility and Allied Topics, by J. MATTHEWS DUNCAN, A. M., M. D., L. R. C. S. E., F. R. C. P. E., F. R. S. E., etc., etc. Second edition, revised and enlarged. New York: William Wood & Co., 1871. 1 vol. 8vo. cloth.

The second edition of Dr. Duncan's work contains no material additions to the first. The subjects treated are of such a character that they cannot be expanded without a long labor which the eminent author has found no time to give. As they stand, his essays contained in this volume are some of the finest contributions to obstetrical science we anywhere know. Certainly, for the statistics of that art, they are unequaled.

The work is divided into fifty-five chapters, each discussing statistically some question in relation to the laws of reproduction or birth. Many of them are based upon the returns of the Registrar General of Scotland, and illustrate how valuable to science can be made a complete body of vital statistics.

Those of our readers who take any interest in obstetrics and the laws of reproduction will find this a most entertaining and instructive work, sound, original and correct.

An Introduction to Pathology and Morbid Anatomy. By T. HENRY GREEN, M. D., London, etc. Illustrated by numerous engravings on wood. Philadelphia: Henry V. Lea. 1871. 1 vol., 8vo., pp. 254.

Years ago we were impressed by the earnestness with which the venerable VELPEAU recommended to his class the study of diseased tissues. We are pleased, therefore, to welcome to the list of text-books an elementary treatise on morbid anatomy. The growing importance of this branch of medical study has for some time demanded such a work, and the present production of Dr. GREEN very well supplies that want.

It aims to give a brief account of the more important processes which take place in the human body, in accordance with the present condition of pathological knowledge. The general pathology of each process is first described, and subsequently this same process, as it occurs in the several organs of the body. The wood cuts are numerous and clear, most of them from RINDFLEISCH and other German authorities.

Eating and Drinking; a Popular Manual of Food and Diet in Health and Disease. By GEO. M. BEARD, M. D., New York. G. P. Putnam & Sons, 1871. 1 vol., 12mo., paper, pp. 180. Price 50 cents. For sale by Claxton, Remsen & Haffelfinger.

This is another excellent little book by Dr. GEORGE M. BEARD. That author is one of not more than three or four medical men in America who know how to write for the public on matters of a professional character. The faults of Dr. BEARD's earlier works are in his last two almost wholly corrected, and we heartily recommend the present one as sensible, useful and entertaining. Give the public abundance of such works, and they will no longer have an appetite for the spurious taste of a Hall, a Fowler, a Ford, *et id genus omne*, who have so long held the position of medical teachers, simply because those who ought to have instructed non-professional readers, were withheld from doing so by a false fear about lowering themselves or injuring their own emoluments.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, DECEMBER 23, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE REPORTER—1872.

We have everything to encourage us to begin the year 1872 with **energy** and a determination to make the MEDICAL AND SURGICAL REPORTER *a better journal than ever*. The past has been by far the **best year** it has ever known. Its **circulation** has steadily increased, and is increasing. We have every reason to believe that we shall add **one thousand new subscribers** to our list in the nex three months, **outside** of the direct efforts of our present subscribers. ☞ Let *them* exert themselves and **our list will be doubled in that time**. Come, friends, try it now, and benefit yourselves and the cause of medicine by strenghening our hands! Always get the $5 in advance and then retain one dollar cash for every annual payment from *new subscribers you send*, or order $1.25 worth from our office in books, instruments, etc. *If you work for us we want to pay you for it.* Five new subscribers will pay your own subscription, or get you $6 worth of books, etc. Our present subscribers are the best agents we can have, for they know the worth of the REPORTER. Now, be active in the next four weeks—and let us start the new year with a **rousing list of new subscribers!!**

The *Pocket Record* for 1872 is now ready. Those desiring a copy in season for beginning the year, should give us ample time to send it. But the *Record* can be used from any date. The patent clasp is a feature that makes it very popular with the profession, as does also the preliminary pages which contain a great deal of valuable information.

ANNUAL REPORT OF THE SURGEON GENERAL, U. S. A.

This valuable document contains as usual a large amount of information of general professional interest.

After treating the fiscal matters, and the furnishing of artificial limbs, we are informed that the army reports indicate an average mean strength of 29,365 *white*, and 2,608 *colored* troops.

Among the *white* troops, the total number of cases of all kinds reported as taken on the sick list was 63,507, being at the rate of 2,163 per 1,000 of mean strength. Of the whole number taken on sick report 54,710, or 1,863 per 1,000 of strength were for disease alone, and 8,797, or 300 per 1,000 of strength were wounds, accidents and injuries of all kinds.

The average number [illegible] report during the year was 1,480 or 51 per 1,000 of strength; of these, 1,190 or 41 per 1,000 of strength were under treatment for disease, and 290 or 10 per 1,000 of strength for wounds, accidents and injuries.

The total number of deaths reported was 519 or 17 per 1,000 of mean strength. Of these 363, or 12 per 1,000 of strength died of disease, and 156 or 5 per 1,000 of strength of wounds, accidents and injuries.

The total mortality rate is greater than that for the previous year, the chief increase occurring in the proportion of deaths from disease. The proportion of deaths from all causes to cases treated was 1 death to 122 cases.

1,091 *white* soldiers are reported to have been discharged on "Surgeon's Certificate of Disability," being at the rate of 37 per 1,000 of mean strength.

The reports from the *colored* troops give the following figures, which do not include the white officers: The total number of cases of all kinds reported was 3,551 or 1,362 per 1,000 of strength. Of these, 2,954, or 1,137 per 1,000 of strength were cases of disease, and 587,

or 225 per 1,000 of strength were wounds, accidents and injuries.

The average number constantly on sick report was 104 or 40 per 1,000, of whom 74, or 28 per 1,000, were under treatment for disease, and 30, or 12 per 1,000, for wounds, accidents and injuries.

The number of deaths from all causes reported was 49, or 19 per 1,000 of strength. Of these 28, or 11 per 1,000 of strength, died of disease, and 21, or 8 per 1,000 of strength, of wounds, accidents and injuries. The proportion of deaths from all causes to cases treated was 1 to 72.

The number of discharges on "Surgeon's Certificate of Disability" was 71, being at the rate of 27 per 1,000 of mean strength.

There were entered on the registers the histories of 5,210 surgical cases of the late war, making a total of 235,398 now recorded; also, additional information respecting 9,661 cases already recorded, and prepared for revision abstracts of 8,947 cases which were not placed on the permanent registers.

The Army Medical Museum continues to increase in the number and variety of specimens and its consequent usefulness. The number of specimens added during the year was 1,516, a present total of 15,018.

The number of visitors was over 15,000 during the year.

Part first of the Medical and Surgical History of the War is near completion, and will be laid before Congress during its coming session, when it is hoped sufficient appropriation will be made to continue the publication of the remaining Parts. Circular No. 4, a report upon barracks and hospitals, with a description of military posts throughout the United States, compiled by Assistant Surgeon J. S. Billings, U. S. Army; Circular No. 3, 1870, approved plans and specifications for post hospitals—also, a revised edition of the same, (Circular No. 2, 1871), have been published during the year, and the Standard Supply Table of the Medical Department of the Army, (Circular No. 1. 1871), has been carefully revised and published with a view to more rigid responsibility and greater efficiency.

At the date of the last annual report 2 vacancies in the grade of Surgeon and 42 in Assistant Surgeon of the Army existed. At present there are 54 vacancies, 1 Chief Medical Purveyor, 1 Assistant Medical Purveyor, 3 Surgeons, and 49 Assistant Surgeons.

LAW vs. MEDICINE.

Among the other troubles in which medical societies are embroiled with their forensic friends, we must not neglect to notice the interesting situation of the Massachusetts State Medical Society.

This respectable old institution pursued its path in a dignified and noiseless manner until one day it rejected a friend of Dr. H. R. STORER, whose fame as an author and orator has doubtless reached the ears of all our readers. Dr. STORER was indignant, and it is likely had reason to be. At any rate, he swore vengeance in unmistakeable terms, and has proved himself no insignificant opponent.

At the meeting of the American Medical Association, he secured the rejection of the Massachusetts State Medical Society, on the ground that that society admitted homeopathic practitioners! What was more, this point was proved, and the venerable society was placed on the black list, to the unutterable disgust of its members.

It appears that the Society, by its charter from the State, is obliged to admit every physician who is of good moral standing, and can undergo an examination by a board appointed for the purpose. The "system" which they profess, cannot be taken into consideration.

Seeing their defeat, the Society notified its various homeopathic members, that they would be allowed three months of grace, wherein to repent or be expelled. Of course, these obstinate individuals paid no manner of attention to the notice, and when the

Society undertook to carry out its threat, the question of their authority was carried to the courts.

It is perfectly plain, on reading the law in the case, that the Massachusetts State Society is so organized at present, that it cannot legally exclude these obnoxious members, and its attempt to do so proves how necessary it is for medical societies to remember that they are not *extra legem*, as they seem to think.

Of course, all this turmoil is a substantial victory for Dr. STORER and his friends, who, doubtless, heartily enjoy the general muddle they have stirred up.

Notes and Comments.

Errata.

In Dr. BINKLEY's article in the REPORTER of Dec. 2, p. 514, lines 7-8, from top read *three-fourths grain of morphia;* also 18th line for palpitation read *palpation.*

A Comfortable Bed.

The Woven Wire Mattress Company of Hartford, Conn., make the most comfortable, and withal the cheapest mattress we ever slept on. It is a most ingenious contrivance — a wonderful adaptation of a hard substance to make one's bed "feel soft as downy pillows are." Health, cleanliness, comfort and economy, are all strong foundation arguments for this mattress, which we are sure must necessarily come into general use. These mattresses can be seen at 44 North 10th Street, in this city; 59 Fourth Avenue, New York; 438 Olive Street, St. Louis, and at first-class dealers in mattresses in other cities. It is fully worth seeing.

The Physician's Annual.

The PHYSICIAN'S ANNUAL for 1872 is now ready, and we shall send copies of it as rapidly as possible to *all paid up subscribers to the* REPORTER. The ANNUAL contains a great deal of useful information to physicians, among which will be found priced catalogues of medical books, medical and scientific journals, surgical instruments, apparatus, etc.

Clubs--A Good Plan.

We are receiving a great many orders from physicians taking advantage of our offer to commute with other journals. This is a very economical arrangement for our subscribers. A subscriber in Michigan writes that the physicians of his neighborhood have formed a club in which each individual composing the club subscribes for certain journals, which are his own property, but which are circulated to, and read by all the members of the club. On the list subscribed for, the club saves about $12.50.

We are making special arrangements with some of the English journals by which we can furnish them with the REPORTER at reduced rates. (See commutation list on the cover.)

High-Heeled Boots.

Mr. P. HEWETT, the London surgeon, spoke as follows about the case of a young girl in the clinic:

She was admitted into the hospital on the 21st of September last, and, as it is now the 17th of October, she has been a month in the hospital. She was walking down a flight of stairs at the International Exhibition, and, while doing so, she caught her foot on the edge of a step and fell, sustaining, it was supposed, a fracture at the head of the femur. She wore high-heeled boots. I do not know how it has happened, but there have been a great many accidents at the International Exhibition. I suppose they must have arisen partly from the height of the stairs, and partly from the height of the ladies' heels. Ladies are anxious to look tall, thinking that their appearance is improved, and therefore they wear high-heeled boots. Such accidents are not always, however, due to the high heels, for a lady whom I knew fell tripping on the stairs at the Exhibition, and came down on the cheek bone, and breaking it, and having ecchymosis on the right side of the face for months afterwards. But first thing to which I would call your attention in this case is the high heeled boots. Ladies will, for the most part, wear them; but they would not do a worse thing, for their feet are placed in a difficult and most unnatural position. They are very tenacious about this fashion, but you must be as tena-

cious against it; the number of accidents in consequence is great. To show you how very tenacious ladies are on this point, last year I was sent for to see a young lady in one of our London hotels. She wished to consult me about her foot. On seeing it I thought its state depended upon her boots, and I asked to see them. The boots were brought in by the lady's maid, but the only thing I could observe about them were immensely high heels. I said: "It is the high heel of your boots that causes the mischief, and unless you diminish this I can do nothing for you." She became quite angry, and said she could not alter them. "I cannot do it and will not." Suddenly she again toned down, and said: "Pray, sir, what would people say if they saw me walking about the park without high heels?" I said: "It is simply heels *versus* brains. If you have brains, you will cut off the heels; if you have no brains you will continue to wear them." She fortunately had brains, cut off the heels and her foot got quite well.

Body and Mind.

Dr. DANIEL TUKE has some observations "On the Influence of the Mind upon the Body," in the new number of the *Journal of Mental Science*. After a number of interesting illustrations, he lays down the following conclusions:

1. Thought strongly directed to any part tends to increase its vascularity, and consequently its sensibility. Associated with a powerful emotion, these effects are more strikingly shown. And, when not directed to any special part, an excited emotional condi tion induces a general sensitiveness to im pressions—an intolerance of noise, for example, or cutaneous irritation.

2. Thought strongly directed away from any part, especially when this is occasioned by emotion, lessens its sensibility. The activity of the cerebral functions during deep intellectual operations, excludes consciousness of the impressions made upon the sensory nerves generally, and an absorbing emotion effectually produces the same result.

3. The motions may cause sensations, either by directly exciting the sensory ganglia and the central extremities of the nerves of sensation, or by inducing vascular changes in a certain part of the body, which changes excite the sensitive nerves at their peripheral terminations.

4. There is no sensation, whether general or special, excited by agents acting upon the body from without, which cannot be excited also from within by cerebral changes (including those associated with emotional excitement) affecting the sensory ganglia.

Irreducible Hernia.

Mr. HOLTHOUSE lately read a paper on the Treatment of Temporarily Irreducible Hernia. He entirely concurred in the doctrine that there was no remedy for an invincibly strangulated hernia but the surgeon's knife, and related several cases to show that many herniæ, though accompanied by symptoms of strangulation, were not invincibly strangulated, and might be reduced by opium; and this drug had the further merit of being a very delicate and safe test of the necessity or otherwise of an operation—a single dose was sufficient to determine the point. It it were rejected, the patient should be immediately put under the influence of chloroform, a gentle attempt made to reduce the hernia by the taxis, and this failing, herniotomy performed; on the other hand, if the opium were retained the symptoms would abate, the rupture would go back, and no operation would be necessary. Mr. COOPER FORSTER commented on the great range for discussion opened out by these notes.

The Ambulance Americaine.

We recently had the pleasure of hearing a description of the plan and organization of the Ambulance Americaine, which did such excellent service during the late Franco-Prussian war, from the lips of Dr. CRANE himself, to whom is due much of the success of the undertaking. The preference exhibited for a tent hospital in a winter climate as rigorous as Paris was justified by the unexampled success of the treatment; and several of the points in the construction of the tent-hospital established, especially those which regard ventilation and warming, were original and of material benefit. The French surgeons fully appreciated the endeavors of the Americans to alleviate to their utmost the sufferings of the wounded.

——A handsome tablet has just been placed in the Derry Cathedral, to the memory of the late THOS. HENDERSON BABINGTON, Esq., M D.

Correspondence.

DOMESTIC.

Some Words on a Specialty.

EDS. MED. AND SURG. REPORTER:

Two or three years ago I chanced to publish through the columns of your journal some short essays entitled "Popular Medical Literature," in which, in a brief way, I tried to detail a few of the many abuses to which medical men are compelled to submit from an unscrupulous public. The sentiment I at that time advanced upon the subject under consideration, had the effect to call down upon my unoffending head the most potential caustic which could be induced to flow from the point of your sharpest editorial pen. The criticism, although it emanated from a head grown sapient and white in the editorial harness, failed to convince me of the error of my premises; *it may have been* through perversity on my part. In this short paper I propose to speak of *one* among the many abuses to which the *people* are exposed from men who claim a place in the medical profession—*claim it and maintain it also*, if we are to regard public patronage as an index to a man's professional and social whereabouts. I allude to a class of medical material only separated from the traveling humbug in one very noticeable particular—he has a "local habitation and a name," and may be properly designated *The Womb Doctor*. The appellation has its origin in the important fact that nine-tenths of the female maladies with which they meet is "The Womb Disease," it matters not what the age (I like to have said sex) nor the condition of the patient may be.

These learned men with huge saddle-bags, crammed with specula and pessaries to the utmost plethory, perambulate the territory over which their own medical genius presides—sometimes making bold incursions into the territory of neighboring physicians, also, ready at all times to finger the dilapidated female public upon the slightest pretext. I do not apply the term "dilapidated," to the condition of health, but to the condition of *morals;* because it can certainly be the offspring of nothing save *moral degeneracy*, when a public will permit itself, without necessity, to become *particeps criminis* in these half purient, half imbecile schemes of this quackish advisers. Why, sirs, in some localities it is rather an opprobrium for a lady to be found who is not in some manner afflicted with "The Womb Disease." Indeed it is esteemed very delicate—rather *aristocratic* to be said to have "The Womb Disease." It is the fruitful theme at all these gatherings, and the neighboring female who is not thus fashionably afflicted is considered a gross and uninteresting sort of person.

The doctor is a great man among them and their families, and his peculiar genius in this department of his profession is so well-known to the public, that to see a female approaching his house, or a horse at his stile, leads the observer at once to exclaim, "Ah! another poor woman afflicted with that terrible 'Womb Disease;' how frightfully common it is these days, to be sure!"

These great men in the profession are well skilled in making impressions with the public; indeed they are of the same stock so graphically described by Dr. Jno. D. Jackson, of Danville, Kentucky, in his recent monograph upon the subject. *The* doctor puts on a long and sanctimonious face in church, and whilst there shows unmistakably the onerous professional duties he performs; because he cannot sit upright during the divine service, but falls back in his seat and *sleeps soundly from exhaustion!* Poor, weary man! Perchance this great and good man may also be possessed of a drug store or "Family Grocery;" if he is, and should retail a few dozen barrels of rifle-whisky—*just for medical purposes, you know*—why it is all right, *it is a legitimate part of his profession, you know!*

Now, to the mind of the conscientious physician, these *located* quackeries are just the same in principle, but nearer and more degraded in practice, than those of the itinerant scoundrel, for the latter only depredates upon the purse and credulity of *his* victims, whilst the former practice these to their remotest extent, and add a third by cultivating *depravity* in those whose *moral welfare* is of a thousand fold more value than the most exalted bodily health.

It is not alone upon these "Womb Doctors" that the contempt of the worthy in the profession should fall; but those individuals who consult with them upon an equality—thus tacitly upholding them in their nefarious quackery, should be taught by the profession that a man is known among us by the company he keeps. Young men who thus transcend the limits of professional propriety, might be looked over once or twice, for making a false step in this direction; but when they presume to sit themselves up as the peers, or superior in wisdom to those of more mature years, why there is no apology needed in their case; let them be shunned as a professional pestilence.

The *emoluments* of practical medicine are so trivial, as an ordinary proposition, that there are few worthy men that remain in the pursuit from that consideration alone; it behooves that class, therefore, to draw a broad line of distinction between themselves and the mere *tradesmen* who assume their guise, and upon all proper occasions to defend themselves *collectively*, if need be, against the unscrupulous conduct of their enemies. Let this be our unfaltering determination, or else we may as well abandon the field and engage in some pursuit that is better paid, even if it be less pretentious. MEDICUS.

St. Joseph, Mo., Dec., 1871.

Therapeutic Value of Fresh Bear's Suet.

EDS. MED. AND SURG. REPORTER:

Many of your readers doubtless have seen Mr. Langford's excellent and graphic description of the Upper Yellowstone, published in *Scribner's Monthly Magazine*, in the May and June numbers of the current year.

The writer of the articles referred to, was one of a private expedition numbering nine persons, (exclusive of military escort and servants) who volunteered to explore the head waters of this wonderful and hitherto unknown stream. Lieutenants Gibbons and Hearnden's marvelous description of their exploration of the Amazon, or Dr. Livingston's explorations of Africa, are tame and commonplace when compared with the cataracts, mud volcanoes and geysers of the Uper Yellowstone.

The Hon. Truman C. Everts, one of the party, became separated from his fellows, and wandered about in great destitution, enduring much suffering from cold, hunger and peril from wild beasts, for the space of thirty-seven days. In *Scribner* for Nov., Mr. Everts tells his own story, under the caption of "*Thirty-seven Days of Peril.*" It is a most thrilling narrative of sad but instructive experience. During all this time he was obliged to subsist upon the roots of thistles, and protect himself against freezing by nestling for three days at a time between two hot springs, one of which served to keep his head warm, the other his feet; a third was used to cook his thistle roots. Turning over one day, the crust between the springs gave way and a jet of hot steam scalded his side, adding greatly to his misery.

He also ate one little bird, the tip of a wing of a gull and a few little fishes, the latter making him sick; he threw away the small supply he had taken. In his famished and demented condition he had wandered back nearly to the "settlements," where Baronet and Prichette, who had been sent by Judge Lawrence and others of Helena, Montana, in search of the lost man, found and rescued him from solitude and death, seventy miles from Fort Ellis.

The unexpected rescue so shocked and overcame his exhausted nervous system that his recovery for some days seemed doubtful. Hear him: "The night after my arrival at the cabin, while suffering the most excruciating agony, and thinking that I had only been saved to die among friends, a loud knock was heard at the door. An old man in mountain costume entered—a hunter, whose life was spent among the mountains. He was on his way to find a brother. He listened to the story of my sufferings, and tears rapidly coursed each other down his rough, weather-beaten face. But when he was told of my present necessity, brightening in a moment, he exclaimed: 'Why, Lord bless you, if that is all, I have the very remedy you need. In two hours' time all shall be well with you.' He left the cabin, returning in a moment with a sack filled with the fat of a bear, which he had killed a few hours before.

"From this he rendered out a pint measure of oil. I drank the whole of it. It proved to be the needed remedy, and the next day freed from pain, with appetite and digestion re-established, I felt that good food and plenty of it, were only necessary for my early recovery."

If the above be a fact, of which we can hardly entertain a doubt, why might the same not be used with benefit in recovery from lingering fevers or in certain forms of dyspepsia, etc.? From an Andersonville point of view, what a blessing might have been an *ursary* or a *bruinry!*

A. D. BINKERD, M. D.

Parker's Landing, Pa., Dec. 9, 1871.

Ought the Subjects of Incurable Syphilis under any Circumstances to Marry?

EDS. MED. AND SURG. REPORTER:

Every physician whose experience in the observation and treatment of syphilis has been considerable, can doubtless recall many cases of the hereditary disease which presented but slight evidences of the action of the poison at birth, or at any subsequent period during all the years to full maturity. The mother of these slightly diseased children will also have been observed to offer few distinct signs of the malady. There may be impairment of the general health, manifested only at certain seasons of the year; liability to inflammation of the mucous membrane of the throat and to attacks of nasal catarrh; to these, however, the physician is assured there has always been a tendency.

Another class of cases can be brought to mind, both the mother and children preventing all the symptoms of virulent intoxication with the virus. The disease appears in its worst and most striking phases, the children dying early, and the mother, if rescued from death, surviving with permanently broken constitution, in strong contrast with the healthful vigor enjoyed prior to conception and child birth. The degree of its mildness or severity in mothers and children in these two classes of cases is not measured by the extent of disease in the male parents. Observation will show that the extent of specific affection in the offspring of syphilitic fathers is dependant upon the constitutional state of the mothers, the presence or absence in her of a hereditary taint.

My attention was first attracted to this subject by observing that the children of two men, the undoubted subjects of acquired syphilis, were apparently perfectly healthy, although the mothers—sisters—were descended from a syphilitic father, the health of the mothers being unchanged by child-bearing.

Subsequent investigation of marriages between persons with the acquired and hereditary disease, fully demonstated the existence of a protecting influence extended *partially*

to their children, *perfectly* to their mothers. This, however, we might have predicted. The mother being already syphilized, the tainted fruit of the womb conveys no hitherto unfelt poison into her system; her organism has always performed its functions in the presence of the virus, *toleration* has been acquired, and the period of utero-gestation may be passed with the usual state of health, and birth be given to a seemingly healthy child. If the mother though, be of "pure blood," at the very time that the unborn child demands for its perfection the best efforts of the economy, its action is seriously impaired by the introduction of a new and powerfully disturbing element, against which nature has made no timely provision, and the child, if not aborted, or prematurely born, manifests on account of its mal-nutrition the worst effects of the disease it inherits.

The law that "one attack of syphilis gives immunity against subsequent attacks" finds a striking exemplification in cases of marriages between the subjects of required and hereditary syphilis. A man with chronic relapsing syphilis may marry and have seemingly healthy children by a woman who inherits disease, her health undergoing no perceptible change. There are many men who for years have had slight manifestations of syphilis without any great impairment of the general health, yet their cases have baffled every effort of the art of cure. They are anxious to get well, in order that they may marry. It is all but certain that they can never be cured. If the physician to such might be allowed to select the wife, in view of the foregoing, would he not be justified in permitting marriage to the syphilitic?

JNO. B. BAGGETT, M. D.

Hot Springs, Ark., Dec. 7, 1871.

News and Miscellany.

A Centenarian Physician.

Dr. FRANCIS HAY, of Columbus, Ohio, celebrated his one hundredth birthday last Friday. The doctor is a native of Bavaria, having been born in Wurzburg, December 8, 1771. He was a student at that place and there acquired his profession. In 1834 he came to America and practised his profession successfully in various parts of this country, and in 1861 went to Columbus, where he has resided ever since. His wife, to whom he was married in 1802, is now in her ninety-fifth year, is quite nimble and healthy, and bids fair yet to survive a number of years. The doctor himself is wonderfully lithe and strong, for one so old. He is frequently seen upon the streets walking with a firm and steady step, and as upright in his carriage as a man in the prime of life. He is perfectly able to help himself, and in the care of his person asks for no assistance from any one.

A Word for Cundurango.

The Buffalo *Commercial* takes up the cudgels for cundurango. It asserts, on the authority of a distinguished physician of that city, that a member of his family, afflicted with cancer for many years, has been cured by the new drug, after vainly resorting to several operations. The *Commercial* is rather severe on the medical journals which have so decidedly pronounced it a humbug.

The testimony of the medical profession so far, is almost uniformly against the special claims of cundurango as a specific for cancer. They have not decided yet what its true therapeutic value is, but we doubt not they will do so, and are capable of rating it at its worth without the aid of the Buffalo *Commercial*. One thing is certain, they will not be influenced in their judgment by any sort of commercial value it may possess to anyone.

Mr. Kiernan's Collection.

Mr. KIERNAN, the writer whose name is so universally and honorably identified with the physiology of the liver, has presented his invaluable museum, rich especially in preparations of that organ, to the London College of Surgeons, of which he was for many years a member of the council. This acquisition is a subject for great satisfaction, and occasion for gratitude to the donor.

MARRIED.

CHRIST—THOMPSON—On the 6th inst., by the Rev. Robert Hamill, D.D., Theodore S. Christ, M. D., of Chester, Pa., and Miss Sarah, daughter of Mr. Moses Thompson, of Centre Furnace, Centre county, Pa.

MORSE—HOLDEN—In Langdon, Vermont, November 30th, at the Congregational Church, by Rev. Seth Hinckley, Dr. Sherman Morse, of Ridgefield, Ill., and Miss Nettie S. Holden, daughter of Dea. Edmund Holden.

SHRINER—TURNER—In this city, November 16th, by Rev. J. H. A. Bomberger, D.D., Dr. Thos. Shriner and Miss Mary T. Turner, both of this city.

STANTON—BELCHER—In New York, December 14th, 1871 by the Rev. Charles Andrews, Gerald Napier Stanton, of Chicago, and Elizabeth Harper, daughter of Dr. Geo. E. Pelchel, of New York.

DIED.

DAVIS—In Laconia, Harrison county, Indiana, December 8th, 1871, Mary Evangeline, eldest daughter of Dr. Jacob T. and Sarah C. Davis, aged 14 years, 10 months and 11 days.

DEAN—Dr. Oliver Dean, of Manchester, New Hampshire, died recently, aged 89 years.

HAMMIL—At Martinsburg, West Virginia, on the 10th of November, Dr. G. A. Hammil, in the 52d year of his age.

MILLER—December 12th, 1871, at his residence, in Ligonier, Westmoreland county, Pa., Dr. Jno. A. Miller.

RODMAN—In New Haven, Conn., December 1st, Mrs Jerusha Pomeroy, wife of Wm. W. Rodman, M. D., in her 52d year.

SALTAR—December 3d, at Saratoga, New York, Sallie Pearson Saltar, wife of John Saltar, Jr., and daughter of the late Dr. Isaac P. Coleman, of Pemberton, N. J.

TAYLOR—In this city, December 12th, 1871, of typho'd pneumonia, Dr. Richard G., son of Edmund and Catharine R. Taylor, aged 33 years.